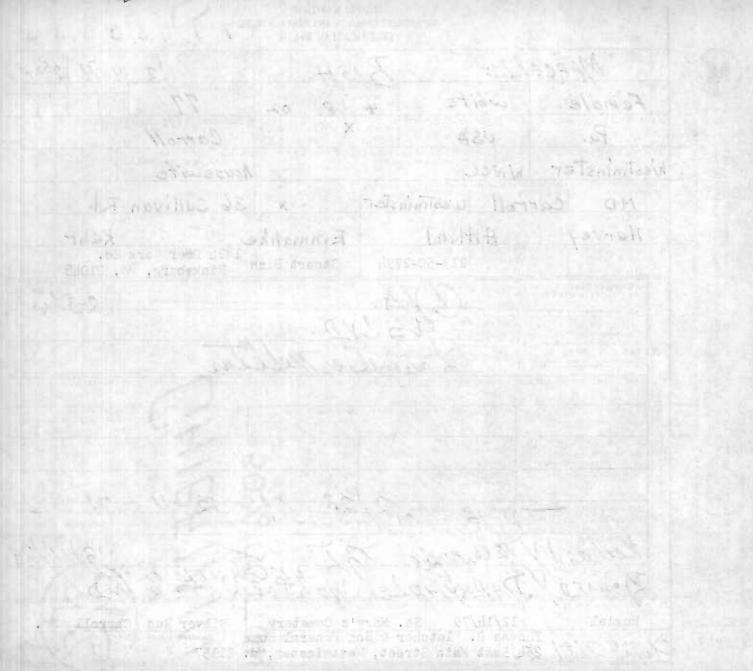
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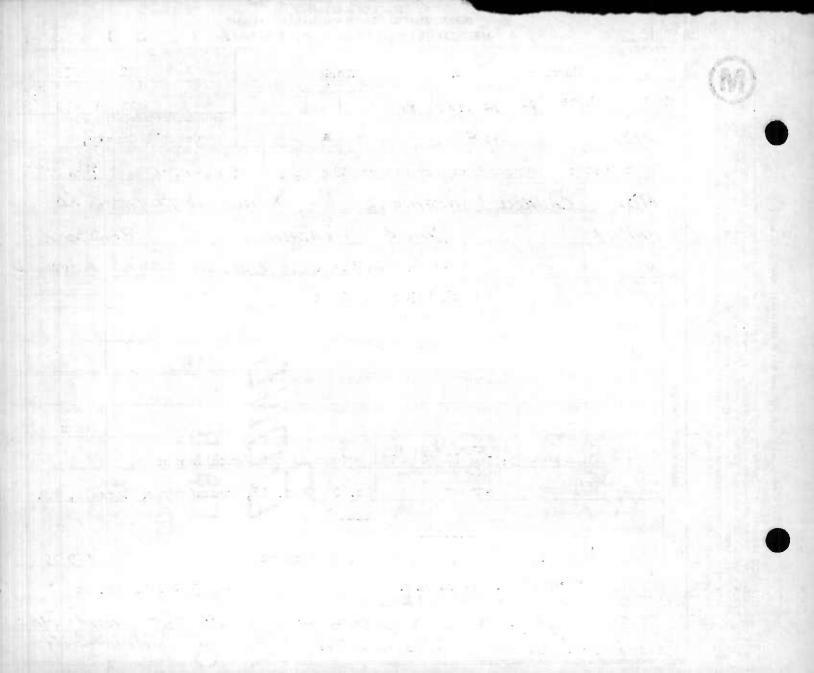
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-William Wilford DEATH MATED 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY 12 PRONOUNCED White Male 06 DEAD 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY Carroll County U.S.A. DIVORCED [WIDOWED IX Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Carroll County General Hospital State Roads OR INDUSTRY Westminster USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) 13. STREET ADDRESS Sykesville Rd. 3a. STATE 13b. COUNTY Finksburg 13d. INSIDE CITY LIMITS? Maryland Carroll NO PO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE E. Barber William Barber Anna 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (IF YES, GIVE WAR OR DATES) DIVISIO 220-03-3952 Yes W.W. II APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause page SIT PERMIT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE O AND MENTAL HY Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION OF HEA 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 210. PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 2 22a. I certify that I was timede of the remains described above, held an Autopsy and in my apinian death resulted from Undetermined manner PAGE 4 SHOULD BE
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BALTIMORE, MARYLA County General Hospital EXAMINER'S NAME Richard Jones, M.D. Carroll (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Trinity Lutheran Church BP. Rurial 24 FUNERAL DIRECTOR Thomas D. Fletcher & Son Funeral For Roll **DHMH - 17** (VR A15 ME (5)) 254 East Main St. Westminster 15M 7/77

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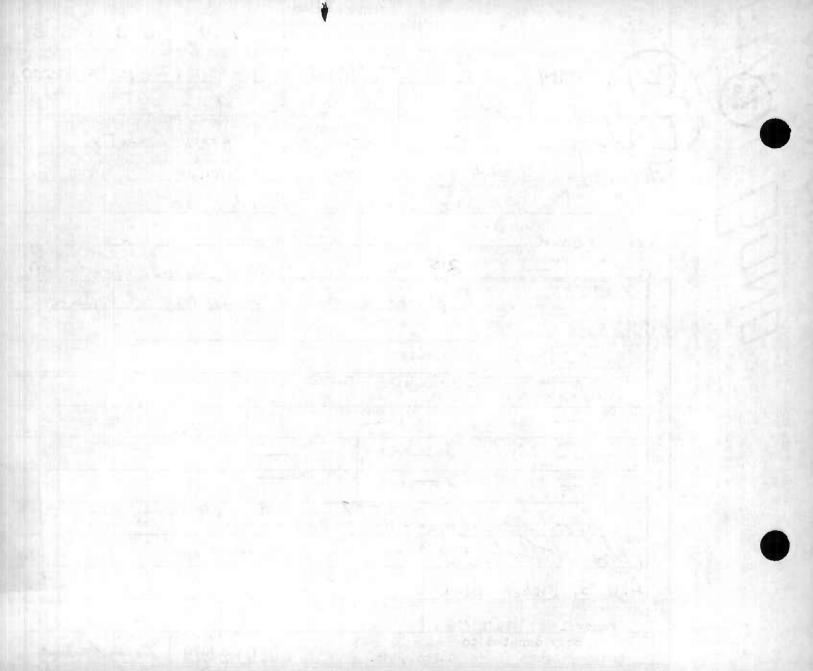


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				STATE OF MARYLAND				
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TO HOSPITAL retoined by the TO FUNERAL should be detained the State with the State IMPORTANT:		TTO PHYSICIAN'S NAME LYPE OR	PRINT) COY M.D.	218 Wa	shington h	eights 1	nedical Ce	uter
D € 0 € ₹ ₹	23o. E	URIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 12/10/79	23c. NAME OF CEMETERY OR CREM	ATORY 23d. LOC	ATION	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A-15 (4))	24. F	UNERAL DIRECTO BODY do	nated to ADDRE		250. DATE REC'D. BY		GISTRAR'S SIGNATI	URE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 2b HOUR I DECEASED NAME TYPE OR PRINTS Jennings W. Brown December 10 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF LINDER 1 YEAR 3. SEX 1896 White Male To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Marvland Carroll WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Westminster Self-employed arroll Co. Gen. Barber W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE CITY OR TOWN Walkersvil 13e STREET ADDRESS Maryland Frederick Antietam Drive 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sarah Brown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Walk. res Jeanette Whitmore 18. CAUSE OF DEATH |Enter only one couse per line for joy (b), and ic PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0 DUE TO OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF design couse (o), stating the underlying couse tost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART H CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 4 YES [NO F buriol-tronsit p 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING TO CAUSE OF DEATH hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_12 - 10 7 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1)-(we) (did) (did not) view the body ofter death 22c. DATE SIGNED 22h, SIGNATURE DEGREE ATTENDING old be deto the State [PHYSICIAN PHYSICIAN NEW WINDSOR 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial Frederick STATE Mt. Olivet Cem. MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 G.D. Stauffer, Rt. 10, Box 66, Fred., MD (VR A 15 (4))

Westminster Carroll Co. Gen. Hosp.

Maryland Frederick Walkersville X 21 Antietam Drive

E. Hall Brown Sarah Virginia Eyler

21 Antietam Dr.

Yes May-July 1918 216-78-6726 Jeanette Whitmore Walk., MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH MONTH 2b HOUR L DECEASED NAME ITYPE OR PRINTS 18 Dominick Caprarola 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) 3 SEX DAYS HOURS March 28, 1897 82 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Carroll County U.S.A. Italy WIDOWEDX DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH Tailor Carroll County General Hospital Clothing Westminster DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Westminster, Md. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Carroll Westminster 13d INSIDE CITY LIMITS? 37 STREET Old New Windsor Pike 21157 blue Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Caprarola Angeladea Caprarola Denerosa ADDRESS 16h SOCIAL SECURITY NO In WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) World War I Mr. Joseph D. Caprarola Union Bridge, Md. 213-05-4425 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: ARDIO-RESPIRATORY ARREST IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF OUCMONARY EMBOLISM Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MALIGNANT HUNCETONSION, INTESTINAL OBETRUC CERTIFICATION 20g AUTOPSY? 20h, IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION pr IN CERTIFYING CAUSES OF DEATH? NOF Mentol Hygi 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER PM 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 19 79 ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on_ above, (1) (we) (did) (did not) view the body after death be detoched e Stote Dept. 22r. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING FUNERAL old be deto MPORTANT: with 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY Md STATE Baltimore Holy Redeemer Cemetery 12/21/79 Burial Eletcher & Son Funeral Home OF BY RECUSTRAR 256. REGISTRAR'S SIGNATURE Thomas D. DHMH - 16 50M 1/76 251 East Main Md. 21157 (VR A 15 (4))

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DIVISION OF VITAL	R. THIS CERTIFICATE SHO TE, WRITING THE WORD RWARDED TO THE CHI SE PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIAL,	AL CERTIFICATION	UNDERLYING		1		. MONTH	DAY YEA	21c. F	HOW INJUR	RY OCCURRE	ED (ENTER	NATURE OF IN	JURY IN ITEA	A 18 PART 1	1 OR PART			
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5	THIS CER TATE, WRITING FORWARDED OR: PAGE 3 HE STATE DEF D, 21201 PRICE	W	AT WORK	NOT WHILE C		STREET, FACT	ORY, FARM, E	TC.)		STREET			CITY OR TO	NWO		COUN	AIA		STATE
	ATE, ATE, PR: P PR: P PE SI P. 21		22a. 1 cert	ify that I taak charg	ge of the r	emains des	cribed aba	ve, held an	Auto	DSV XX	Inspectio	an ,	Inquiry		and in	my apir	nian		
	EXAMINER CERTIFICATI ULD BE FO DIRECTOR: WITH THE ARYLAND, 3	1	death resul	ted fram: Natur	ral causes	_XX	Accident	L, s	uicide _], Ham	nicide .	Undet	ermined m	anner],				
	CER CER CER DIR WIT		ACTUAL	Unix	:15	A.U	La.00	0.			(SPECIFY)				r	DATE			
	CAL THE SHO SHO SATH RE, A		SIGNATURE	4-64	Lee .	we s	WICC	MC		M.D. ASS	istanı	MED	ICAL EXA	MINER	ç	SIGNED	12	2/6/7	9
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		EXAMINER'S (TYPE OR PR	NAME Ant	n M.	Dixor	n, M.	D.		_ADDRESS	111]	Penn	Stree	et				7	
	PACT PACE BALL	23a.B	JRIAL, CREMA	ATION, REMOVAL 2			23c. N	NAME OF C	EMETERY	OR CREMA	TORY	23d. LC	OCATION OR TOWN			COUNT	ΓY	ST.	ATE
	BP	B	urial		12-9	-79	Sa	andy G	rove				eford		Hoke	9	N	-C-	
	DHMH - 17 (VR A15 ME (5))	24. F	NAME	CTOR //	100	ADDRESS	254	£-1	man	01.	250. DATE	DEC	REGISTR	9 9 R	EGISTR	AR'S SK	GNAJE	REG	rody
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FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Fletcher & Son Funer 11 Phone D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

East Main St. West. Md. 21157

26 HOUR

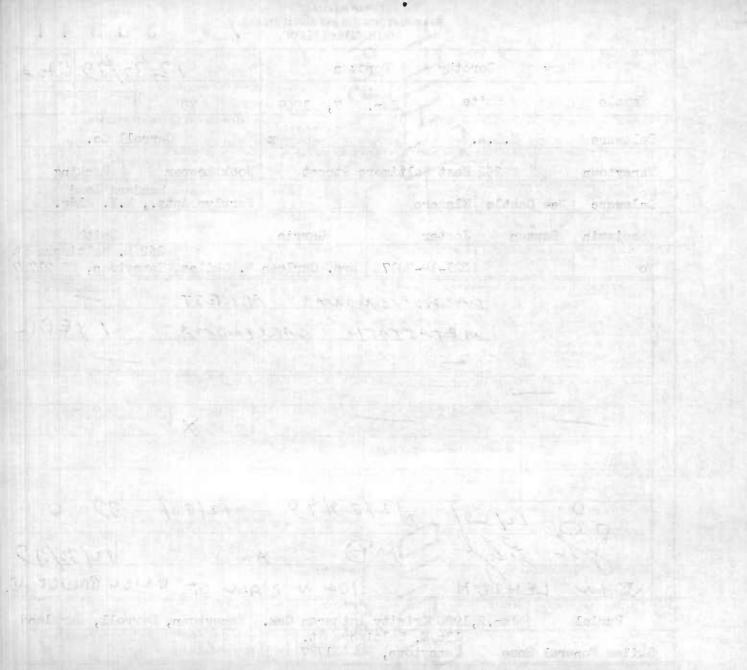
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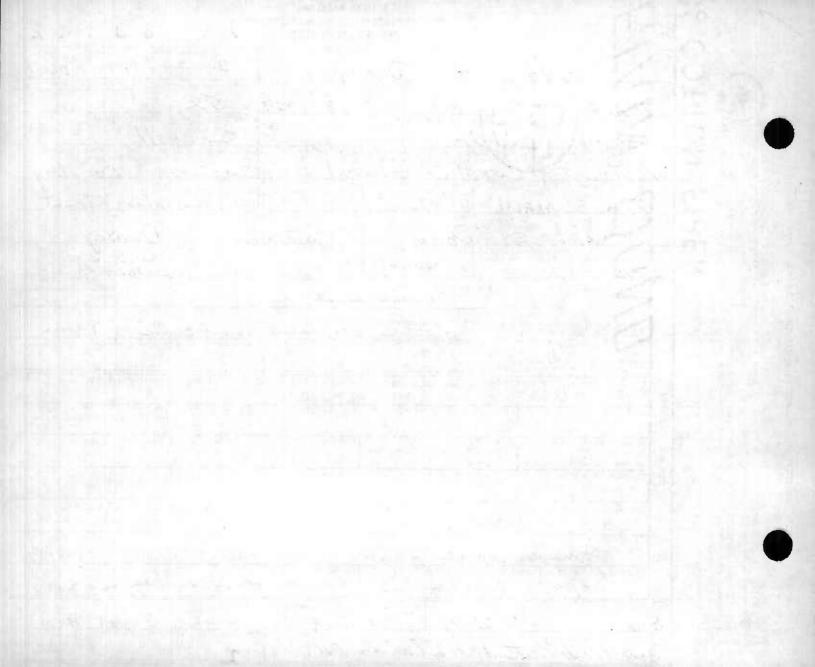
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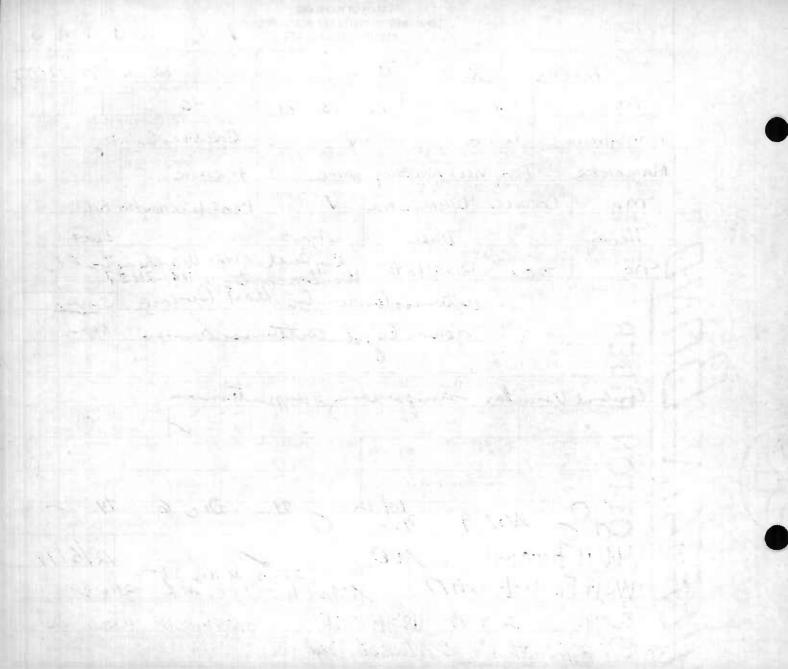
124	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENT CERTIFICATE OF DEAT	/ 1/	0841
eoth 3		ECEASED NAME FIRST PE OR PRINT) Mary	Dorothy	Donovan	20. DATE OF DEATH MONTH	30 /79 6140 AM
Page 4 may be director, page 3 nours after death	3 5	Fem al e	RACE White	5. DATE OF BIRTH MONTH Jan. 7, 19	6 AGE (IN YEARS LAST BIRTHDAY)	IPUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 25.
deoth Poureraliding 72 hou	6	Delaware	U.S.A.	MARRIED NEVER MARRI	ED 🗵 Car	NTY OF DEATH roll Co. MD.
by the fi		Taneytown		timore Street	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN BOOK KEEPER	IZE. KIND OF BUSINESS OR INDUSTRY Banking
in 24 hou y filled in should be	2		other institution, give residence before I3c. CITY OR TOWN Castle Elsmere	YES 🖍 NO	□ Parklyn Apts.	nders Road , N.Y. Bldg.
completely I and 2 sh	2	Benjamin Daws		15. MOTHER'S MAII FIRST Carr	*ie	Smith
Poges	160	WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? 166. SOCIAL SECURA		ADDRESS25 Leen D. Skiles Ta	2 E. Baltimore St neytown, MD 21787
equires that the death certificate be signed by the attending physicia. Then please remove corbon papers to burial, cremation, or removal.	NO	Conditions, if any, which gove rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) M TO DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	ARCINO.MA HE TERMINAL DISEASE OR CONDITION	/ XEAL
The low relicion. The has been asit permit. Giene prior	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: T ottending physici ler this certificate is the buriol-transit and Mental Hygi ked or item 18 sh	MEDICAL CE	2)0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (# ETHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F/	Y YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2) COUNTY STATE
R ATTENDIN hospital or IRECTOR: Afi		220.1 certify that this hospite sow the deceased glive on obove. The west did did not 22b. SIGNATURE	ol) ottended the deceased from 1971	, and that in (my) (aur)	opinion death occurred on the dole and	hour and from the causes stated
CO HOSPITAL O etoined by the TO FUNERAL DI should be detoci with the Store Di IMPORTANT. If I		22d. PHYSICIAN'S NAME (TYPE OR	Teley PRINT) EHTOH	22e. ADDRESS		12/30/19 400 BRIDUE, ME
BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial FUNERAL DIRECTOR	Jan. 2, 1980 Tri		CITY OF TOWN	arroll, Maryland
DHMH-16 50M 7/77 (VR A 15 (4))		Skiles Funeral			JAN 7 1980	





MARYLAND 21201

DIVISION OF VITAL RECORDS.



STATE OF MADVIAND

YES T

17 INFORMANT

		DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	9 REG. N	3	0	3	4	4
IRST	WIGDLE	LAST	20. DATE C	F DEATH	MONTH	DAY	YEAR	2b. HC	UR
	MARIE	ZARHART	1	2-2	5-1	197	9	11%	KP.
	IA PACE	S DATE OF BIRTH	6. AGE (IN	YEARS LAST 8	RTHDAY)	IF UND	ER I YEAR	IF UND	ER 24 HRS

DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE DATE OF BIRTH CAY

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

minsTER

13c. CITY OR TOWN

es mins/ER

166 SOCIAL SECURITY NO.

WIDOWED

YEAR

BALTIMORE CITY OR COUNTY OF DEATH

DAYS

HOURS

APPROXIMATE INTERVAL

MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

EAMS/RES. 13e. SIREET ADDRESS oho

13d INSIDE CITY LIMITS? NO [15. MOTHER'S MAIDEN NAME

ER

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D). DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

underlying cause last.

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

136 COUNTY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

19a DATE OF OPERATION

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

20a AUTOPSY?

NOM

IN CERTIFYING CAUSES OF DEATH?

NO [YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED

COUNTY

CITY OR TOWN

STATE

NOT WHILE WHILE AT WORK AT WORK 10 220.1 certify that (1) (this haspital) attended the deceased fram 79 sow the deceased alin

above, (h)(we) (did) (did not) view the body ofter death

211. LOCATION

and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) heoko

23a, BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

STATE COUNT

24. FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74

CERTIFICATION

226 SIGNATURE

FOR - STATE REGISTRAR

7a_BIRTHPLACE

13a. STATE

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BP.

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14 FATHER'S NAME

18. CITY OR TOWN OF DEATH

FIRST

(YES, NO OR UNKNOWN)

ISTATE OR FOREIGN

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditians, if any, which gave rise to immediate couse (a), stating the

210. ACCIDENT WAS UNDERLYING

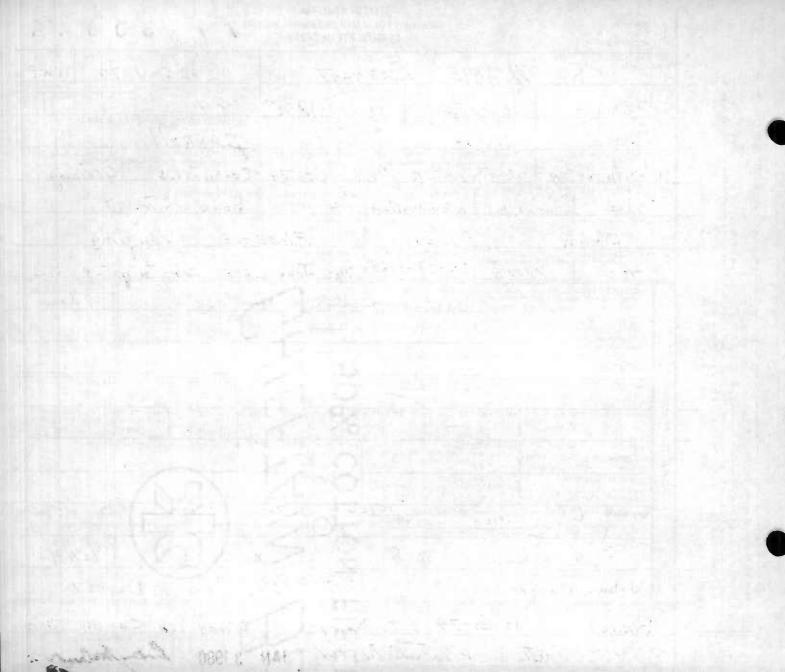
OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

23b. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



should be

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must

medical

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21 is marked ar Item 18

IMPORTANT:

CTOR: After this certificate has for use as the burial-transit per of Health and Mental Hygiene

DIRECTOR by the hospital

Should be detached for with the State Dept.

campletely filled

FOR

REGISTRAR

Male

DECEASED NAME

Tennessee

4 FATHER'S NAME

James

no

sow the deceased plive on.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

Burkal

23g. BURIAL CREMATION, REMOVAL

obove, (1) (we) (did) (did to view the body ofter death

- STATE

TYPE OR PRINTI

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH YEAR 26 HOUR 79 12 :45 THOMAS FERRIER 6 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 07 HTHOM DAYS HOURS. White 29 72 YRS **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Carroll Co. USA DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Westminster Carroll County General Hospital Farmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
#36. STATE 13b. COUNTY 13t. CITY OR TOWN
Md. Carroll Hamp stead Hanover Pike 13d. INSIDE CITY LIMITS? YES [] NO M 15. MOTHER'S MAIDEN NAME MIDDLE Ferrier Whi te Arta Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-34-2508 Mr. Grant W. Ferrier, Manchester, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ilepotorone PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (0).

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	in metari	•	n	wills
gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	1 leuns		m	nt
PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PART	1(0)
190. DATE OF OPERATION	Concerning of Control	N WAS PERFORMED		20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
22a.1 certify that (I) (this haspital)	ottended the deceased from	20 1979	_, to 12/4/	19.79	_, that (I) (we) los

DEGREE

22e. ADDRESS

23c, NAME OF CEMETERY OR CREMATORY

Immanuel Cemetery

mo

BP DHMH - 16 50M 7/77

(VR A 15 (4))

12-8-79 24 FUNERAL DIRECTOR Elime Funeral Home, Hampstead, Md. 21074

23b. DATE

Md. Manche ster Carroll 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE inter-francis / Millionale

22¢ DATE SIGNED

____, and that in (my) (pg) apinion death occurred on the date and hour and from the causes stated

23d. LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN TO

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 7h HOUR CTYPE CHERRING 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR AONTHS ! HOURS White 9 BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY ISTATE OR FOREIGN WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 E (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEHAVE ADMINISTRAL 13h COUNTY 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMA (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION 20h IF YES, WERE FINDINGS LISED 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F YES [NOV Shov 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem-MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ă (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) this haspital) attended the deceased from, (our) opinian death occurred on the date and hour and from the couses stated saw the deceased glive an abave (1) (we) (did) (did not) view the bady after death , and that in my) 226 SIGNATURE PEGREE 22c. DATE &IGNED ATTENDING * STAFF PHYSICIAN PHYSICIAN DIRECTOR MPORTANT 22e ADDRESS should b 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE (SPECIFY) Baltimore Burial 12/27 Loudon Park Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR DHMH - 16 60M 1/75 Baltimore, Maryland (VR A 15 (4)) Leonard J. Ruck, Inc.

Contract of the Parish of the

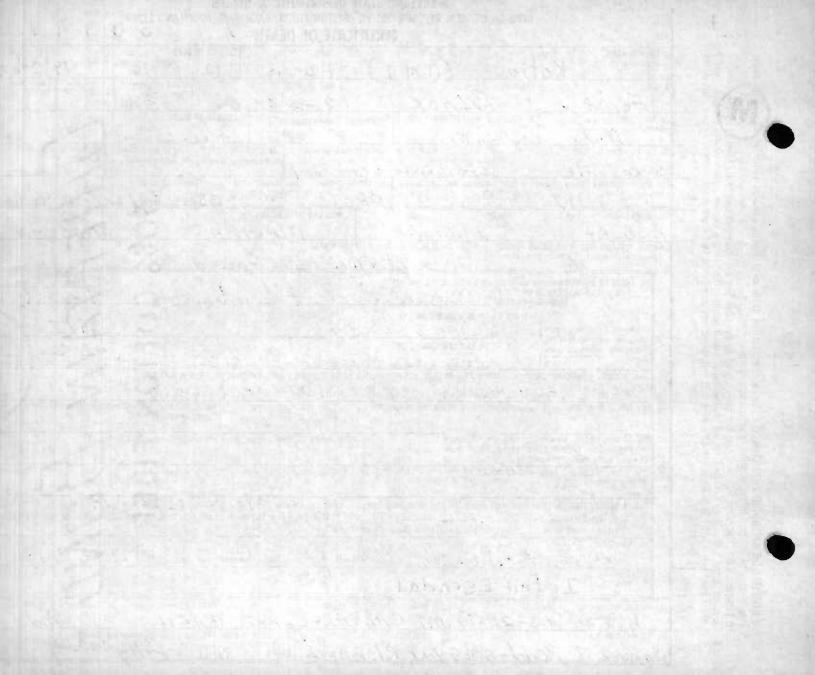
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHY REGISTRAR 1. DECEASED NAME o. DATE KNOWN (TYPE OR PRINT) ESTI-ROBER DEATH MATED 3. SEX 4 RACE . DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 86 DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY INSPECTOR FCORD MILK USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CARROLL MINER ALONG WITH FORM PM 3. TRANSIT PERMIT, PAGES 1 AND 2 S. NIAL HYGIENE, DIVISION OF WITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE GADDIS ALLAN HESTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) JOSEPH 108 CATOCTIN DRIVE 18 CAUSE OF DEATH (Enter only one cause per APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO OR AS OR REMOVAL anditions, if any, which ernell gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OF HEALTH AND AL, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E THE CERTIFICATE, THIS CERTIFICATE SHOULD EF THE CERTIFICATE, WRITING THE WORD "PEN SHOULD BE FORWARDED TO THE CHIEF M REAL DIRECTOR, PAGE 3 SHOULD BE USED A EATH, WITH THE STATE DEPARTMENT OF HEAL RE, MARYLAND, 21201 PRIOR TO BURIAL, CREMING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUS AME MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEAT TE PLACE OF INJURY 21d INJURY OCCURRED (AT HOME WHILE NOT WHILE AT WORK Inspection X 220. I certify that I topic charge of the remains described above, held on Autapsy Inquiry and in my apinian death resulted from Hamicide L Undetermined manner PAGE 4 SHOULD TO FUNERAL D AFTER DEATH, V ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME N57 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BP 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 7/77

CONTRACTOR OF THE SERVICE SERV

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) lizabeth 20 12 220 M 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 8 HTHOM YEAR DAYS 9 al 7a BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALLMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Westminster.Md. 13a. STATE 136 COUNTY Westminster 30 Webster St. 13d INSIDE CITY LIMITS? Carroll Maryland 21157 YES A 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Michae! Mary Freshline Westminster.Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OPUNKNOWN) (IF YES, GIVE WAR OR DATES) 213-24-9842 Mrs. Gilbert Callahan 30 Webster St. 21157 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION a 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? be NOT NO [sha Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ž ò 21d. INJURY OCCURRED 218. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY OFFICE FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) This hospital) ottended the deceased from_ 20 saw the deceased alive on abave (1) we (did not) view the body after death. 74 , and that in my (our) ppinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING & MEDICAL STAFF Should be detowith the State C DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT 22d_PHYSICIAN'S NAME (TYPEOR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN Westminster Cemetery Westminster Carroll Md. BP. Fletcher & Son Funeral 25H MEREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) 254 East Main St. Westminster, Md.DF

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			MARYLAND STATE DEPARTMENT OF HEALTH	
7. 1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
L-,			CERTIFICATE OF DEATH / 9 3 U 8	4 4
٠ 2	·	1. DE	DECEASED-NAME First , Middle Lost 20. DATE OF DEATH	2b. HOUR
death	death			Yeor79 225.M
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A 100 V	affe		last birthday) Months	DAYS HOURS MIN.
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	Ese Test		o. USUAL RESIDENCE (Where decreased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE (ITY LIMITS? 13d. STREET AND NUMBER missian) STATE 13b. COUNTY 12c. STREET AND NUMBER	10
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exe	ah o	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	last
be or	乏りひ	19	95BURY MILLIGAN MARTHA K	OSZEN
equires that the death certificote be ex physician. signed by the attending physician and burial-transit permit. Then please rem	and a		a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ifice ysi	50	(Y	(Yes, no, or unknown) (If yes give war or dates of service) 213-01-7278 MRS. PEARL GREEN	
cert G pt	nav			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
± ig +	9		PART I. DEATH WAS CAUSED BY:	La mei la
dec imi	, a		DUE TO, OR AS A CONSEQUENCE OF	1 / MANIMALS
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asi the state	E .		rise ta immediate cause (a).	1
4 6 6 5	cre		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	D'Jean
ires ysic ned	ie.		lost. (1) CEREBRAL ARTERASSELEKISIS.	V
sig ph	pa		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
w r ling een the	은	NO	ORBANIC BRAIN SYNDROME, OBESITY + DIVERTICULAR DISEASE (XRAY).	OLIVETTO IN CONTROL
la l	in a	CATI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	RED IN CERTIFYING
The aff	=	CERTIFICATION	YES NO CROSES OF BEATH	2142
IAN: The law rail at a strending ficate has been far use as the	Health prior to burial, cremation, or removal, and the per			.)
2 E E E	5	MEDICAL	(If either, notify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, name 3 should be detacted for use as the burial-transit permit. Then please remove ca	shauld be filed with the State Dept. of	ME	While Not while (OFFICE BUILDING, ETC.	nty State
و ت ب ب	ite l		di Walk di Walk	, that (I) (we) last
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RE TE	× 0		ATTENDING MED. STAFF DIRECTOR	5. 1979
AL O			77d PHYSICIAN SA 22e. ADDRESS	
RA	pe		NAME (Type) Irtan Esendal	
O HOSPITAL Page 4 may O FUNERAL I	0	230	Ba. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour	inty) (State)
Pag Fig	sho	200.	REMOVAL (Specify) 12-20-79 MT, CALVARY CEMET, 13ALTO.	mol.
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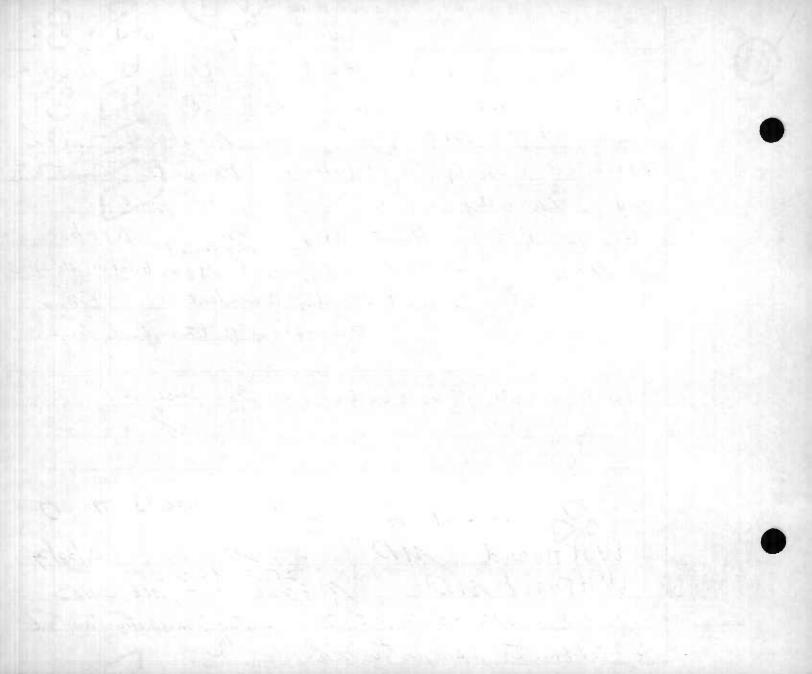


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00/1/A		John		Ba	arber		Far	nnie		Willia		
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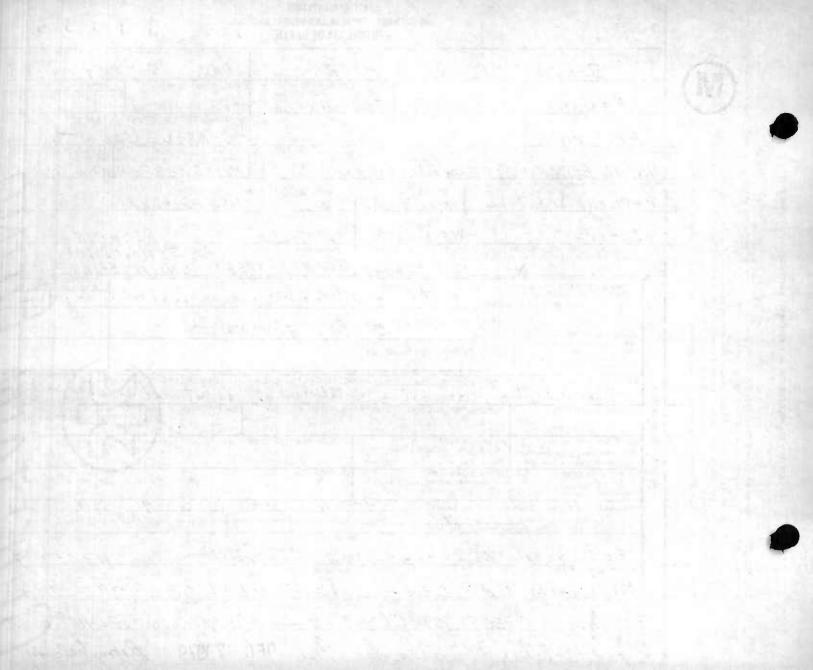
V					STATE OF MARYLAND		
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oth Peral d	72 ho	10.8	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
de de	eide B	10 C	TY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	176. KIND OF BUSINESS OR
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BALTIMORE, ote be execut	Poges I	16a V	AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 2/5-037	URITY NO. 17 INFORMANT - S	WM HUNDJESS	1 4/2
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TON S th cer	corbo		436-	DUE TO, OR AS A CONSEO	JENCE OF	104	2
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20 res	en pled burnol ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
CORD w req	t o y	ATIO	(Unlernor	196, CONDITION FOR WHICE	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
AL REI	2 wene	CERTIFICATION				IN CERTI	IFYING CAUSES OF DEATH?
OF VITA SICIAN, TI ng physicia certificate	OIO		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 111 11011711	2)c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
SION OF VI PHYSICIAN; rhis certifico	d Mentol or Item	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		19 21f. LOCATION		
> 0 5 5	ond ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
00 4	2. 4 6		22a.1 certify that (I) this hosp	ital) attended the deceased from	79 and that in (my) (bur) opinio	to	19 /9 , tho (1) (we) lost
	ched for Dept. of I Item 21	5	sow the deceased alive or obove, (1) we (did) (did no 22b, SIGNATURE	ot) view the body ofter death	DEGREE	n death occurred on the date and had	22c. DATE SIGNED
0 0 0	# = =		WHTIO	and M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/30/29
HOSPITAL ined by th	e Si e		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 25	N. MAIN ST	
TO HOS refoined	should b	23a F	URIAL, CREMATION, REMOVAL	23b, DATE 23c	NAME OF CEMETERY OR CREMATORY	Lester Md	2-1107
BP		(Burial.	1/2/80 7	ew Lutheran a	neters Manchest	county State Sund.
DHMH - 16 60/ (VR A 15 (-		24 F	NERAL DIRECTOR	14 2 ADDRESS		ATE REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VK A 13 (-	~/)	/	+1. Certilion	a munches	uce, mali	CHINO 1004	



1			DIVISION O	F VITAL RECORDS,		PRESTON STI		E, MARYLAND 2	3010	8 5	3
77	DECEA:	SED-NAME Firs or print)	t	Middle		Last	20.	DATE OF DEATH Month	Dov	Year	26. НО
(m) (m)	Likbe	Mary		Aretha	1000	Jack so	n	12-	27-	79	3:25 M
[[M]] 3	. SEX		4. RACE			S. DATE OF BI	IRTH	6. AGE (In last, birtha		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN
1000		Female	Negr	0	9117	9-05		44	YRS.	HINS DATE	mine mine
Pog 2	a. BIRTI auntry)	HPLACE (Stote or foreign		WHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED 9. COL	JNTY OF DEATH			
d in		Maryland	U.S.A		WIDOWED	1	RCED 🗌	Carroll C	ounty		Md.
bon pag within	et a	OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR IN	STITUTION (If	not in hospital	12a. USUAL OCC	UPATION (Kind of wo	rk done	12b. KIND OF B	BUSINESS OR
		kesville	giv	Springfield	d Hosp	pital Ct		warking life, even if i 18		INDUSTRI	
remove corrections and event,	30. USU	AL RESIDENCE (Where deced	osed lived, if institute	rution: Residence befare			13d. INSIDE CITY LIMITS?	13e. STREET AND NU		,	
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The	18.	CAUSE OF DEATH (Enter of	inly ane cause per	line for (a), (b), and (c).						APPROXIM	ATE INTERVAL SET AND DEATH
sit permit. Then please notion, or removal, and		PART I. DEATH WAS CAUS	ED BY:	Possible p	ulmon	arv infa	arct			Min	
n, o	14	6151									
burial, cremotio	Car	nditions, if any, which gove	1)	Pneumonia,		t unner	lohe			Days	3
rem	rise	ta immediate couse (a), ting the underlying couse		R AS A CONSEQUENCE OF		- April			1.0		
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ouric	PA	RT 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR CONDIT	ON GIVEN IN PART 1(0)		
0	2	Moderate mer	ntal reta	ardation							
2	190 210	DATE OF OPERATION 198	condition for v	VHICH OPERATION WAS PE	RFORMED	20o. AUTO		20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CONS	IDERED IN CEI	RTIFYING
	RTIFI					YES 🗌	8.464			WE TO V	
9	NOR C	ACCIDENT WAS UNDERLYST ONTRIBUTING CAUSE OF D either, notify medical exam	EATH HOUR A.A	OF INJURY A. Manth Doy Year A. 1		HOW INJURY OCC	CURRED (Enter notur	e of injury in Port 1 c	or Part 2, Item	n 18.)	
39	210 Whot w	d. INJURY OCCURRED 210 nile Not while at work	e. PLACE OF INJUR	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f.	LOCATION Stree		City or Town		County	State
TOT	22	o I certify that (I) (t	his hospitol) o	ttended the deceos	ed from_	4-10	- , 19 69 ,	to 12-27-	, 19_75	, that	(I) (we) lost
		sow the deceased	olive on	12 -27 -	979 .0	nd that in (m	y) (our) opinion	deoth occurred o	n the dote	ond hour o	and from the
	001	couses stoted obov	ve, (I) (We) (di	a) (did not) view the	body offe	r deoin.			22c DAT	E SIGNED	
	226	o. SIGNATURE	C.O. C.	Jun . 24 . D	* 000	GREE PHYS.	NG MED.	OR STAFF PHYS.		-28-79	
	20.	DUVSICIAN'S	Junny		DEC	GREE PHYS. 22e. ADD					
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should be filed with the Stote Dept. of Health prior to	RF	MOVAL (Specify)	DATE	23c. NAME OF	CEMETERY O	1 1 1		LOCATION (City or To	own)	(County)	(Stote)
	72	wind	2-31-7	ADDRESS	fulo	1. Camete	250. REC'D BY REG	Ascertle	GISTRAR'S SIG	CNATURE	181
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MARYLAND STATE DEPARTMENT OF HEALTH

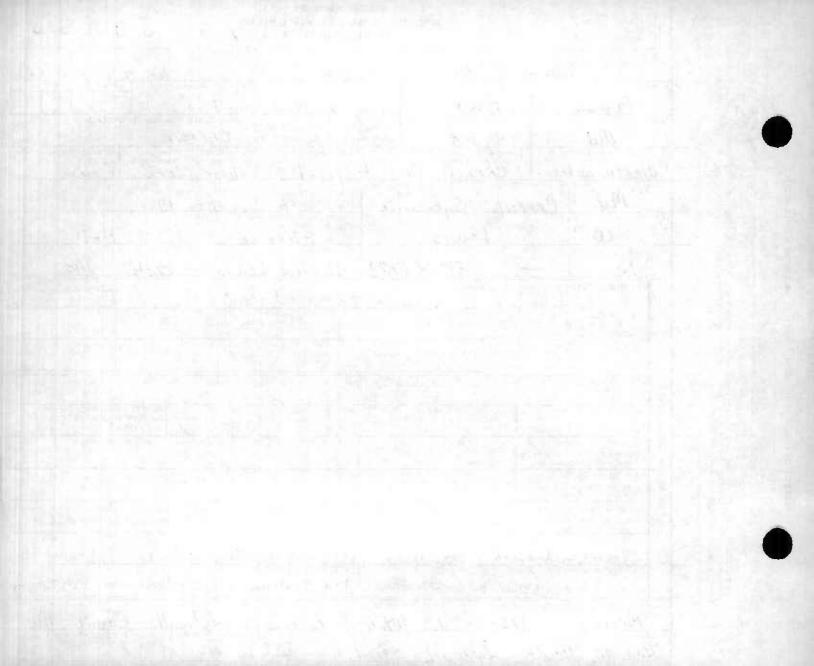
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g physicion and conpapers. Pages i emavol event, the medical	()	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? GIVE WAR OR DATES)	214-34-48		Mrs. Leola L	eister	ADDRES		ter,	Md.	
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the and ked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACI	E OF INJURY STREET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET		CITY OR TOW	N 7.4	COUN	aty	STATE
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를 으로 및 호 BP	23a. E	Burial, CREMATION, REMOV Burial	23b. DATE 1-2-80			emetery or crematory eme tery	Ha	CATION CORTOWN	d Ca	COUNTY	1	STATE Md.
H - 16 50M 1/76 VR A 15 (4))		INERAL DIRECTOR ELine Funeral	Home,	Hampstead.		25a. DA1	REC'D. BY	registrar 1980	75b. REGIS	TRAR'S S	IGNATUR	early

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					STATE OF MARYLAND		
		1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	30856
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ger 3		(1117	LilliA	n M .	Lewis		12 4 79 1800
0.0		3. SE.		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY] IF UNDER I YEAR IF UNDER 24 HRS
4.00			Female	Black	July 6, 1912	67	YRS.
LAFFE	*		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED		DR COUNTY OF DEATH
1	335		Md.	U.S. A.	WIDOWED DIVORCED	CARROL	MD
by the f	O Patified	10. C	Destminster	(IF NOT IN SUCH FACILITY, GIVE STU CARROLL	SING HOME OR OTHER INSTITUTION THE ADDRESS! HOSeital	TO USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	
24 hour filled in I avld be f	T Sale	USU, 13a S	ALRESIDENCE (IF NURSING HOME O TATE 136 COUI	ROTHER INSTITUTION GIVE RESIDENCE BE		130 STREET ADDRESS)n
thin tely for	ne	14. FA	THER'S NAME	Kell Dykes	15. MOTHER'S MAIDEN N	IAME	
ted wit ampleted	5/01		<u>w</u> "	Lewis LAST	Flore		HALL
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quires a signed signed then ple	injury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PART 1(0)
he law re an. has been t permit. I	shaws any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
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by the by by the bereather between betwe	NT. If Item		Colintrach	edus Maga	ATTENDING	MEDICAL STA	FF 12 11-26
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DHMH - 16 50M 1/7 (VR A 15 (4))	76	24 F	NERAL DIRECTOR	+ Sekepirill	md. DE	1 1 1979	25CHECHTRAP SUIGHRTURE



11	FOR			DEPARTMENT OF	HEALTH AND	D MENTAL HYG	IENE	0.00		
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10.	CITY OR TOWN		11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTHER INS		FOR MOST OF WORK		VORK 12b.	OR INDUSTRY
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	JAL RESIDENCE STATE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	134. CITY OR TOWN	SION)		STREET ADDRES			
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160	Monro	DE EVER IN U.S. AR	E.	Lowman III SOCIAL SECURI	TY NO 17 INI	Prudence	е	ADDRESS	lillia	ar
100.	(YES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)						_	10
	Yes	W.		218-05-22	229	Helen N	usbaum I	Lowman,	Ltei	m 13
	18 CAUSE	OF DEATH (Enter or EATH WAS CAUSE	nly one cause de la	to (a), (b) , ond (c).)	+-	100	1	//	В	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1/0		TE CAUSE (a)	henosele	norge	Cender-	buek	10		
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		ise to immediate		estala	me Here	all				
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1	SIGNATUM	succes	and all	June !	.A.D.	married.	MEDICAL EXAMI	NER S	IGNED &	2 ARC /
)	EXAMINED'S	NAME RA	chard A	ones, M.D.		Wash	natas 1	(d 0115	7	E 2 1 2
-	EXAMINER'S (TYPE OR PR	INT)	Charu Ma		ADDRI	130	nster, N) (
23a.	BURIAL, CREMA	ATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREA	MATORY 23	d LOCATION CITY OF TOWN Mt.Air		COUNTY	STATE
	Bur	ial	Dec. 9. 1970	Pin	ne Grove	-100	Mt.Air	. Carro	11,	Md.
24.	FUNERAL DIRE	CTOR				25a. DATE REC'D				ATURE
	OJ	Lin L. Mo	Lesworth,	Damascus,	Md.	DEC 11	1979	profing.	PRECA	reserve
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14)	1-	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	0 3 3 3
(Time)	1. DEC	CEASED NAME FIRST	MIOOLE	MII P F 12 P 1/	20 DATE OF DEATH MONTH	OAY YEAR 26. HOUR
ALWIN .	3. SE	ROBERT	4 RACE	1914BENKY	DEC, 25, 19	IF UNDER LYEAR IF UNDER 24 HRS
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orth. Pa		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
de la de	10.01	TY OR TOWN OF DEATH	USH	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
S of	IN	ESTMINSTER	(IF NOT IN SUCH FACILITY, GIVE STREET	O HOSPITAL	TYPE OF WORK FOR MOST OF WORKING L	
filled in sould be immust be	13a S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 130. CITY OR TO	READMISSION) NN 13d INSIDE CITY LIMITS? RPING F YES NO X	13e. STREET ADDRESS 46.3.3 PRIESTLA	עם פא
tely 2 st	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
be die sola		UNKNOW	N	HANNAH	R	MILBERRY
e execut		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	ce mh
O ovi w			ly one couse per line for (a), (b), a	nd (c)	UNION BRID	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtificate g physici on poper emovol.		PART I. DEATH WAS CAUSE	DBY: PCAUSE (0) gene	// /	inomatosis	
9 5 6 7 5		1874	DUE TO, OR AS A CONSEQU	JENCE OF DOP		
he attend he attend emove ca emation, o		Conditions, if any, which gave rise to immediate	(16) squa	mous cert la	hunama of	years
by the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEON	JENCE OF PLEASE		
2 9 6 2		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1101
a Louis	TION	. 0 -0700	abstruction	u polmonary	disease, in	perating Raidesi
9 6 9 9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Sha gie	CERT	210. ACCIDENT WAS UNDERLYING	LICUID A M MONITUL	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
d # TO E	CAL	OR CONTRIBUTING CAUSE OF DEA		19		
er this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ar Af ar	-	220.1 certify that (I) (this hospi	tal) attended the deceased from	-'-	, to 12-25	. 19, that (I) (we) lost
ATTEN Septial CTOR: d for us n 21 is	- 19		12 - 25 t) view the body ofter death.		death occurred on the date and ho	
ALOR A y the hor tal DIREC detached ore Dept. AT: If them	-3	22b. SIGNATURE	T304-0	DEGREE	MEDICAL STAFF	22. DATE SIGNED
S S S S S S S S S S S S S S S S S S S	38	22d PHYSICIAN'S NAME (TYPE O	RPRINT)	220. ADDRESS	DIRECTOR PHYSICIAN	12-23-17
retoined by 1 TO FUNERAL should be det with the Stote		EPHRAIM	1 BARZA	16A NEW H	indsor 2	20.21771
		URIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN A) F M	COUNTY STATE
BP	24 FU	DUKINAL DIRECTOR	DEC 28-17/9	250. DA	TE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
(VR A 15 (4))	1	IN Harts	ler Union DI	ridge, Md DEC	28 1979	tray/natrundy

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Ruck Towson Funeral Home, Inc. Towson, Maryland

SELL BARRELL FOR MICHAEL AND AND AND ADDRESS OF A PARTY OF

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10.				- 17	.00

1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 7 9 REG. NO. 3 C	860			
	CEASED NAME FIRST Gillis	MIDDLE .	Mills	Dec. 1, 1979	Y YEAR 2b. HOUR 7 pm			
3. SE	Male	4 RACE White	Jan. 25, 1907		FUNDER I YEAR IF UNDER 24 HRS			
70 BI	RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	DF DEATH MD.			
	lty or town of DEATH lestminster	(IF NOT IN SUCH FACILITY GIVE SIZE	ING HOME OR OTHER INSTITUTION (FT ADDRESS) Hospt.	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SCHOOL TEAC	126 KIND OF BUSINESS OR INDUSTRY BUS Co.			
13a S	Md. 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TO Carroll Uppero	WN 13d. INSIDE CITY LIMI	1427 Emory Churc	ch Rd.			
16a V	VAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	Md. 21155			
ATION	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost.		JENCE OF JUNE	TERMINAL DISEASE OR CONDITION GIVES	Seredion 6 months 2/2 grs			
MEDICAL CERTIFICATION	?)g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19	YES NO NO NO CERTIFY) YES COURRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	NG CAUSES OF DEATH? NO □			
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	220.1 certify that (I) (this benefital) attended the peccased from							
	220 PHYSICIAN SNAME TO SEPH	C-MATCH	AN MATTENDI PHYSICI 220. ADDRESS AN 3635C	an Porrector Physician D	12/3/75			
	Burial, cremation, removal Burial	Dec. 5, 1979	St. Paul's Cemet	ery Upperco, Md.	##########			
	uneral director Eline Funeral H	ome Hampstead,	Md. 21074	DEC 7 1979 256. REGISTR	AR'S SICHATURE			

DHMH - 16 50M 1/76 (VR A 15 (4))

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IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumatic event, the

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Skiles Funeral Home, 136 E. Balto. St. Taneytown

(VR A 15 (4))

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MARYLAND 21201	hin 24 hou Iy filled in should be	ed sta	113a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, INTY	GIVE RESIDENCE BEFO 131. CITY OR TO Westmi	NN .	134 INSIDE CITY LIMIT		TREET ADDRESS	Rd.		
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	d cor	edicol	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS	No.	
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RESI	dec offe offe	other froum		Conditions, if ony, which	(b)	HINEN	Scle	very CHEC	arta	di seas	4		
≥	by the			cause (a), stating the underlying cause lost.	DUE TO, OF	R AS A CONSEQU	JENCE OF						
5, 201		injury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL D	DISEASE OR CON	DITION GIVE	N IN PART 1	0,
OR			CERTIFICATION	196. DATE OF OPERATION	1105 605101	250000	THE C	N WAS PERFORMED	7 10	AUTOPSY?	Tank IF VEC	WERE FINDI	100 11050
REC	ne law no. has ber permit	Ns ony	FIC.	176. DATE OF OPERATION	198. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	201		IN CERTIFY	ING CAUSES	OF DEATH?
TAL		9	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	E INTITUDY		21c. HOW INJURY OC		S NO	YES		NO []
>	AN Shy	9 3		OR CONTRIBUTING CAUSE OF D	- HOUR A	W. MONTH	DAY YEAR	ZIC. NOW INJURY OC	CCURRED (E	NIER NATURE OF INJUI	RY IN HEM 18, PA	RT I OR PART 2)	
O Z		Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED			19	AV LOCATION					
DIVISION OF VITAL RECORDS,	G P offer the	morked or	MEC	WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	EET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		S m		22a.1 certify that (1) (this has		1 6.		-a-, 197	A , to	-12-2	, ,		that (I) (we) lost
	of of the	5		sow the deceased alive a above, (1) (we) (did) (did-	n 17—1	ofter death.	79 , or	nd that in (my) (our) opi	inion death o	occurred on the de	ote and hour	ond from the	couses stated
- 1	8 4 8 9 G	Hem		22b. SIGNATURE				DEGREE				22c. DATE	SIGNED
	£ 0	± -	v.	toluladua	M Mage	print		HD ATTENDIN	AN DIRE	CTOR PHYSIC	IAN	12	26(79
	- 0 W 0 V	IA		22d. PHYSICIAN'S NAME ITYPE	. (1		- 0 h	22e. ADDRESS	· el- 1	1011-1	C 11	20.	
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	DHMH - 16 50M 7/7	7	24. Ft	NERAL DIRECTOR	~14 D	2 ADDRESS	1.		DATE REC'	D. BY REGISTRAR		AR'S SIGNAT	
	(VR A 15 (4))		(Notes Byl On	ills dr.	West.	minet	27, met	JAN_	3 1980	page	7/100	heady

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requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician

within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

	3	Ü	3	6	E
G. NO.					

1	STATE REGISTRAR		CERTIFICATE OF		REG. NO.	0 3 0	2 4
	CEASED NAME FIRST	MIDDLE	LAST	/	a. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
3 SE	Vose		Prc. 5. DATE OF BIRTH	10.7	AGE (IN YEARS LAST BIRTHDAY)	5 /979 IF UNDER 1 YEAR	M IF UNDER 24 HRS
3 36	Male	White	MONTH DAY	YEAR	71		HOURS MIN
70. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVE		BALTIMORE CITY OR COL		
10.0	Penna.		WIDOWED	DIVORCED	Carrol	el.	MD.
10. C	Formertal 11.	1926 HAN	nover Pi	Ke "	ON USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK PAINTEI		Steel
13a	Md. Carro	HER INSTITUTION GIVE RESIDENCE BEFORE A	Fod YES -	NO D	1926 Has	wores P	ike
14 F	Joseph He	nry Preston	15 MOTHE	MA ry	MIDDLE	miLL	er
	WAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA		666 1926	Hanons	PIKE-	stoN =	1074 1 ml
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	ay: a t. c.	lengtes	cardy Heavy	ytherea varieta Ros	APPROXIMENT SMITH	SET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT CON	NOITIONS CONTRIBUTING TO DE	BUT NOT RELAT	ED O THE TERMINA	al disease or condition	GIVEN IN PART 1101	Line
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a AUTOPSY? 20b. IN C	FYES, WERE FINDING ERTIFYING CAUSES O YES	SS USED OF DEATH?
	2}a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19		(ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	21f. LOCA STRE		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this hospital) sow the deceased alive on above. (I) we) (did) (Ind not) vi	NOV 28 1970	ond that in m	(our) opinion dec	oth occurred on the date and	d hour and from the co	ouses stated
	W HA ou	erd 1	DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN [22c. DATE S 12/5	IGNED 179
	22d. PHYSICIAN'S NAME (TYPE OR PRI) AAD	22e ADDR	ESS 25 N	Main St	- 11 21	162 -

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MPORTANT; If them 21 is morked or them 18 shows ony

Anchester

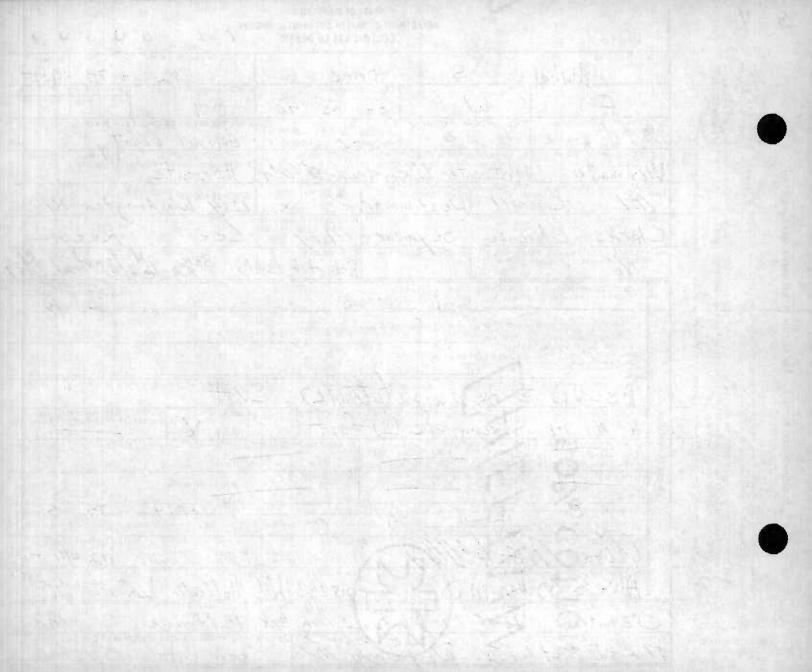
23b. DATE

230. BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY
HAMPSTEAD CEI LOCATION CONTRACTOR POGISTRAR'S SIGNATURE BY REDISTRAR

The second state of the se

2 1/	1			STATE OF MARYLAND		
7	1.	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH / 9	3 0 8 6 5 -
1 25		CEASED NAME FIRST	MIDDLE	Price	20. DATE OF DEAT	
the page	3. SE	F	4 RACE	5. DATE OF BIRTH	SEAR S G	TBIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
# 1 8 P		RTHPLACE ISTATE OR FOREIGN DUNTRY) THE CONTROL OF	76 CITIZEN OF WHAT COUN		9 BALTIMORE CIT	YRS. Y OR COUNTY OF PEATH COUNTY MD
ied with	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUT		PATION 12/ KIND OF BUSINESS OR INDUSTRY
The Part of Part	USU/ 130. S		ROTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION) R TOWN, 13d. INSIDE CITY LI	MITS? 130 STREET ADDRE	
ord 2 sh	14. FA		MIDDLE SEAS	Is MOTHER'S MA		
n ond co Poges I	16a V	VAS DECEASED EVER IN U.S. AR ES, NGORUNKNOWN) (IFYES, GIV	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT Robert F	7 / 35/10	Resignator Md. 2115;
idicate be execu- physicion and co- ripropers. Poges mishal.		PART I DEATH WAS CAUSE	nly one cause per line for 1997 ED BY: TE CAUSE (a)	n evmonia		APPROXIMATE PITERVAL RELIVERIN OPERT AND DEATH
he death cert he attending emove corbo mation, or rraumatic.	7	486 - Conditions if any, which	DUE TO, OR AS A CON	SEQUENCE OF		
es that the dea ned by the atte please remove urial, cremation		gave rise to immediate course (a), stating the underlying course fast.	DUE TO, OR AS A CON	SEQUENCE OF		
	NO	PART 2 OTHER SIGN CANT	E BK am	SIL COLOR DE LA COLOR	HE TERMINAL DISPASE OR C	ONDITION GIVEN IN PART 1(a)
The law rection. The law rection. The has been as the host perior shows any	CERTIFICATION	11 DATE OF OPERATION	Cangrer	MICH OPERATION WAS PERFORMED	YES N	286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN: The law requir ratending physician. The this certificate has been sign as the buriel-transip permit. Then th and Mental Hygiene prior to be orked or frem 18 shows any injury	7	714 ACCOUNT WAS UNDEREFIND CONCONTRIBUTING CAUSE OF DE-	WHITE STATE OF THE PARTY OF THE	H DAY YEAR	OCCURRED (EMTER HATURE OF	POLICE OF TERM 18, PART 1 OR PART 2)
DING PHYS or ottending After this can the bur ofth and Me morked or it	MEDIC	PId INJURY OCCURRED WHILE D NOT WHILE D	21e: PLACE OF INJURY LATHONE, STREET, FACTORY O	TH LOCATION STREET	City Of	ETOWN COUNTY STATE
TTENDI or pitol or use of Heal		220. I certify that (1) this hasp sow the deceased alive on above (1) (we) (did) (did no	at) view the body after death.	from, 19 19 79, and that in my) tour)		ne date and hour and from the causes stated
At OR the hot at DIRE etoche ite Dep		226 SIGNAM HE	Bullle	DEGREE ATTEN	IDING MEDICAL SICIAN DIRECTOR PHY	STAFF YSICIAN 12-14-79
O HOSPITAL etoined by the TO Funeral should be det with the Stote		Alva S. D	aker M.D	270. ADDRESS 218 Wash	Hots Med Cent	ter Westmenter MB 1157
BP	2	urial, Cremation, REMOVAL REMATION	12-15-79	West view Meta.	Park Baltin	mere 1nd.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	NAME DIRECTOR FLOTE	her Jr. 200 RI	of Emain of	250. DATE REC'D. BY REGISTE	RAR 256 REGISTRAR'S SIGNATURE

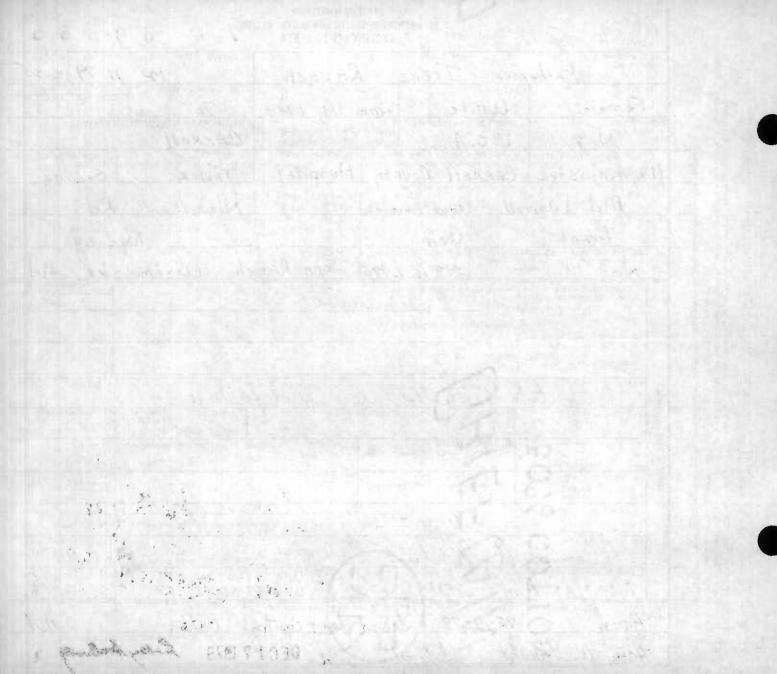


FOR

DHMH-16 50M 7/77

(VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

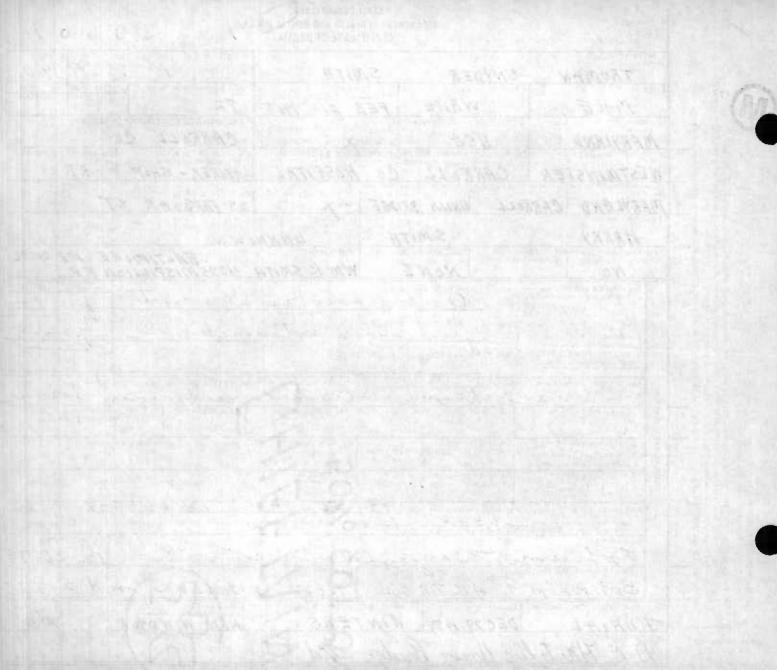
	١.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	S U	3 0	1
		CEASED NAME FIRST	WIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY	1 00.	HOUR
		TRUMAN	SNYDER	51	MITH	/	2 24	0 19 1	900 M
	3. SE	x	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF U	NDER 24 HRS
		MALE	WHITE	FEL		72	YRS	VIIIS DATS INC.	JAN JAN
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
35	1	MARYLAND	115A	WIDOWE	1 4	CARROL	L Co		MD.
pel	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		ROTHER INSTITUTION	12a USUAL OCCUPATION		126. KIND OF BU	SINESS OR
800	W	ESTMINSTER	CARROLL	Co	HOSPITAL	1 4	SHOP	KR	
t pe		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
23	m	ARYLAND CARI	2	IDGE	YES X NO	25 FARBUI	AR S	T	
nine	14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
To late		HARRY	SMIT	H	YKKN			(ASI	
0 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	JRITY NO.	17 INFORMANT		SIMAN	E MD	21236
		NO TES, ONE	NONE	NE WM & SMITH 4223 MISPILLION A					
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).							
New York	-00	PART I. DEATH WAS CAUSED BY Cerebro vas cular accident						few	hour
atic e		434 DUE TO, OR AS A CONSEQUENCE OF							-
		Canditions, if any, which		aliz	ed arter	oscher.	يحدد	300	22
	-51	gove rise to immediate cause (a), stating the	DUE TO BR AS A CONSEQU	ENCE OF				0	
	23	underlying couse lost.	(c)						
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	I IN PART 1(a)	
	CERTIFICATION	Since	chronic	aks	tructine	1200 AUTOPSY?	una	-/	ase
a	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, Y	WERE FINDINGS	USED DEATH?
	TIE						YES NO YES NO		
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	1 OR PART 2)	
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		745-813 18-4		W 12 1	
	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM FIC)	211. LOCATION STREET	CITY OR TOW	VN .	COUNTY	STATE
	5	AT WORK AT WORK	(11111111111111111111111111111111111111	77,07,270,				A	
	1	220:1 certify that (I) (this haspi	tal) attended the deceased from_		- 26 19 79	, to/2	, 17		(I) (we) lost
4		saw the deceased alive an above, (1) (we) (did) (did na	1) view the bady after death.	79.01	nd that in (my) (our) opinion	death occurred on the do	ate and hour o	nd from the cous	es stoted
D		226. SIGNATURE			DEGREE			22c. DATE SIGN	NED
	3	Ephrain	2 Jeanzo	agn	m D. ATTENDING	DIRECTOR PHYSIC	IAN 🗌	12-2	4-79
1		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	0	22e. ADDRESS		Tage 10		1580
		EPHRAIM	15 ARZAQ	A	NEW W	INdsor	2 dr	2 d. 21	1776
2		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	1	DUNTY	STATE

BP. DHMH - 16 50M 7/77 B

(VRA 15 (4))

24 FUNERAL DIRECTOR NAME,

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1980



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 26 HQUR DECEASED NAME MIDDLE YEAR q William Stonesifer Stanley 4 RACE S. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 FIRS HOURS MONTH DAY VEAR MONTHS DAYS 1897 White Dec. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED A NEVER MARRIED Carroll County DIVORCED [Penna. 12h KIND OF BUSINESS OR 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Paperhanger Westminster Carroll County General Hospital USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
130. STATE | 13b. COUNTY | 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Westminster 2566 Mayberry Road Carroll Maryland 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE FIRST Heltebridle Stonesifer Fannie George ADDRESSestminster, Md. In WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I LIF YES GIVE WAR OR DATES! 2566 Mayberry Road Mrs. Helen Stonesifer. 215-18-1610A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 20h, IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 P.M. 21f. LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (i) (this hospital) attended the deceased from and that in (my) (an) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did (did not) view the body ofter death 22c DATESIGNED DEGREE

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK

SIGNATHER

FOR

REGISTRAR

Male

No

- STATE

LTYPE OR PRINT

COUNTRY

3 SEX

Paul W. Espenschede Jr.

224 PRYSICIAN'S NAME (TYPE OF PER

123b. DATE

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

Baust Church Cemetery

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

Carroll County General Hospital, Westminster

0

DHMH-16 50M 7/77 (VRA 15 (4))

BP. 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

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Mental

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MPORTANT

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Buria

23a, BURIAL CREMATION, REMOVAL

Taneytown, Md. Skiles Funeral Home, 136 E. Balto.St.

23d. LOCATION COUNTY

STAFF

Tyrone Carroll, Maryland

STATE

250. DIATE-REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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Main St. Westminster, Md. 2715

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(VR A 15 (4))

STATE OF MARYLAND

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/					STATE OF	MARYLAND				
15		1		DEPARTME	NT OF HEALT	TH AND MENTAL	HYGIENE	***		
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	may be page 3 b Dept.	1. 0	ECEASED-NAME Firs	t Middle		Lost	20. DATE OF DEATH			2b. HOUR
	mod te D	(Type or print) Role	pert EDGA	RIA	Jarner	M	onth 12 Doy	18 Year 79	630 A M
	2 35	3. 5	X .	4. RACE		S. DATE OF BIRTH	6. AG	E (In years		F UNDER 24 HRS.
	TRATA		MALE	WHITE		7/31/192	25 lost 5	birthday) YRS.	MONTHS DAYS	HOURS MIN
	Progetto -		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH	1/		
	1 1550		MO.	USA	WIDOWED		CAR			Md.
102	o the state of the	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL O give street oddress)	RINSTITUTION (If not	in hospital 120. USU	IAL OCCUPATION (Kind nost of working life, ev	of work done en if retired.)	12b. KIND OF BL INDUSTRY	
213	24 P. H. H.	130		ased lived, if institution: Residence bef	fore 13c. CITY OR T	TOWN 136. INSIDE CITY I		ID NUMBER	01.	
AND	ity fill and 2 ord 2		ission) STATE MO	13b. COUNTY CARROLI	WESTH	INSTER YES N	2009	FRIZZE	11 beng	RO
ARYI	ho 1 o	14.	FATHER'S NAME First	Middle Lo	st 1S.	MOTHER'S MAIDEN NAME	First	Middle		Lost
W.	completely Pages 1 an		5-	LEASE Wa	RNER	MARGARET		5	tANS DE	RRY
ORE	× - = /		WAS DECEASED EVER IN U.S. AR			FORMANT		Address	111	0
TIM	ers or ★	L	VES (10, of Unknown)	war ar dates of service) WW 4- 215-26	-1033 Su	SIE WARNE	R 2029	FR12	25/16226	
8A	sicion on papi event,			only one couse per line for (a), (b), onc	1 (c).)				APPROXIMAT BETWEEN ONSE	
ET,	certificate ng physicic e carban p in any ever		PART I. DEATH WAS CAUS IMMED	ED BY: DIATE (AUSE (O) acute	mus	clomono	culie le	ubsence	1 8 m	onths_
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NO	death cr attending remave		Conditions, if ony, which gove		V					-
REST	0 61 -	Р	rise to immediate couse (o), stating the underlying couse	DUE TO OR AS & CONSCIUENCE	OF					
9	by the options by the options by the options blease remayol,	1	lost.	(c)						
×	0 0-		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PA	RT 1(o)		
96	signed it. There ion, or	3								
ORD	AN: The low requires ng physician. Ifficate has been signiburial-transit permit. To burial, cremation, in to burial, cremation, in the burial cremation.	CERTIFICATION	19o. DATE OF OPERATION 19b	o. CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?	CAUCIC OF DE		ONSIDERED IN CERT	TIFYING
RECO	been it pern cremo	RIFI				YES NO NO	Q _			
A	The la hysician hysician the has ite has ill-transi		210. ACCIDENT WAS UNDERLYI DR CONTRIBUTING (AUSE OF O			W INJURY OCCURRED (Ente	er noture of injury in Po	ort 1 or Port 2, 1	Item 18.)	
=	MN: The graphys stricate to burial-t	MEDICAL	(If either, notity medical exomi	iner) P.M.	19			A.J.E.		
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	ending certifi the bur prior to	×	ot work	e. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.					County	Stote
VISI	+ = s		22o. I certify that (1) (1	his hospital) attended the deco	eosed from_2	/17 19	65 to 12 -1	8 , 19.	79 , that ((we) last
2	t attenbing Pt be haspital or a ECTOR: After thi ched for use as Mental-Hygiene		sow the deceosed	olive on 12-3 ve,(1) (we) (did) (did not) view	19 <i>_7_9</i> , and	that in my) (our) op	inion deoth occurr	ed on the do	te and hour or	nd from the
-	haspital or for: After ed for use entof-Hygie		22b. SIGNATURE	ve, (1) (we) (ala) (ala not) view	the body offer de	eom.		226	DATE SIGNED	-
	hos hed hed hent		20. SIGNATURE	R Round	₽ DEGREE	E PHYS.	MED. STAF	C	2-18-	79
	# # # # # # # # # # # # # # # # # # #		22d. PHYSICIAN'S	1 COLOCOGO	<u>C</u>	22e. ADDRESS	DIRECTOR - PHIS		4 10	//
	AL DA		NAME (Type)							
	TO HOSPITAL retoined by TO FUNERAL should be of Beelth To the should be to the should be the should	230	RUPIAL CREMATION, 23b.	. DATE 23c. NAME	OF CEMETERY OR C	REMATORY	23d. LOCATION (City	or Town)	(County)	(Stote)
	Share Share	-30	REMOVAL (Specify)	01	sant Va	1/- /	PlasasT	- 16 MsV	CARONK	1 mo
1	DHMH-16 1/71 30M	24.	FUNERAL DIRECTOR	2 44 0 1 / ADD		250. REC'D	BY REGISTRAR 25	b. REGISTRAR'S	SIGNATURE	Ly .
	(VR A15 (4))	10	Colery Bylot	rilla by Westin	instery to	el DEC	~ 4 13/3		Table 2	1

H. Mig. II of the Zon IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the medica

STATE OF MARYLAND

		STATE REGISTRAR		DEPARTM		ICATE OF DEATH	PREG. N	3 0	3	12
ì		EASED NAME FIRE	ST M	IDDLE	i	AST		MONTH DA	Y YEAR	2b HOUR
		Anna	Blo	emecke	W	ilke	1	2 5	1979	10.10 W
	3. SEX		4. RACE		S DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
		Female	Cauc		3	13 1894	85	YRS		
2		THPLACE (STATE OR FOREIGN	U.S. A	VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
		rermany			WIDOWE	DIVORCED DIVORCED	Carro			MD.
1		stminster	(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	OF BUSINESS OR
1						norial Hosp.	Housewi	te	Hom	<u>iemaker</u>
1	IV	,	Baltimore	Parkto	on	13d INSIDE CITY LIMITS? YES NO 🔯	17300 Pre	ttyboy	Dam	Road
1	14 FAT	HER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	1
2		XXX		Bloemecl			by Informa		C.C.	
2			ES, GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT				am Rd
		No		217-32-9	9834E	Fred J. W	ilke Park	on, M	d. 2	1120
		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chrebro - Vanuar Audiculum Chrebro - 2 whe								
		4292 DUE TO, OR AS A COMSEQUENCE OF								
		gove rise to immediate								
		cause (o1, stating the underlying cause last								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
	5	Um	u von	emu	i		Too waxonswa	Inn IS MES 1	WERE FINDIN	100 110
1	CERTIFICATION	90 DATE OF OPERATION	196 CONDII	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	NG CAUSES	OF DEATH?
1	ERT	21a. ACCIDENT WAS UNDERLYI	NG 7 21b. TIME OF	INJURY		21c HOW INJURY OCCURR	YES NO	YES		NO []
		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M	MONTH DA	Y YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION			COUNTY	
		WHILE NOT WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	IRM, ETC.)	SINEEL	CITY OR TOV	/N	COUNTY	STATE
		220.1 certify that (h (this hospital) attended the deceased from 11/22 19 77 to 12/5 19 79, that (h) (we) lost								
		sow the deceased olive an 12/3 19/4, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abaye, (1) (we) (did) (did nat) view the body after death.								
		226. SIGNATURE	1 10		11	ATTENDING A	MEDICAL STAI	FF.	22c. DATE	SIGNED C/79
		224 PHYSICIAN'S NAME		ww	- '//	22e ADDRESS, / , Da	NO ATON		MED	CENTER
		NORMAN	A. Pouls	EN		2 10	17N11N57		MA	
	23a. BU	JRIAL, CREMATION, REM			AME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	(3)	Burial	12/10/	779 D	ulane	v Valley Mer		the Partition of the Control of the Control		

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
NAME Martin D. Lawson

TOW. Padonia Rd.

DEC6 1979

THE LOW COLUMN THE PRINTER WAS TO SEE THE the transfer of the first own of the property of the state of the stat

6	5					STATE OF MARYLAND		
1			١,	FOR	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE	
	4		1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 3 7 3
1	1		1. DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
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(B.A.)	de o o			C5/E/	/A U	LAhn		2-79 0010M
1	Her p		3 SE	1	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
2	ecto rs o		130	FEMALE	White	26 1895	84 YRS	TONIAS DATS HOURS MIN
4	dir.	e Ce	7a. BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
	her ditait ne funeroi within 72	524		Md	115A	WIDOWED DIVORCED	CARPALL	AAD
	o fu	pa	10. CI	TY OR TOWN OF DEATH 11		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
=	+ + p	Postified	1.	losta noten	(IF NOT IN SUCH FACILITY, GIVE STRE	- 1	(TYPE OF WORK FOR MOST OF WORKING LIF	
2120	hours o	be	USU	AL RESIDENCE (IF NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFO	O GENERAL	MOUSEWIFE	HOME
10 2	24 h	525	⊶13a. S	TATE 136 COUNTY	Y II3c CITY OR TO	WN 1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1
IAN		e e	14 E A	THER'S NAME	RO11 W/05/201	YES NO I	1 339 8. 1	74171
MARYLAND	With With	mim.	14. FA	FIRST MID	DDLE LAST	FIRST	MIDDLE	/ LAST
	omp omp	Del		5/1AS	77 SEAVE	R TMAI	RY KIR	by
ORE	ond co	dicol		VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		URITY NO. 17 INFORMANT	ADDRESS	0
BALTIMORE	Po o	E				3-5651 (Nobt ZA	hn - Westin	inster, md
ALT	sicio pers ol.	the the		18 CAUSE OF DEATH Enter only	ane cause per line for (a), (b), o	ndic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	phy npo mov	vent		PART I. DEATH WAS CAUSED I	BY:	nic consisti	my Treast	mare
PRESTON ST	ding or re	tic e		113 A S		latture.		0
010	en en	OHIO		Total	DUE TO, OR AS A CONSEO	JENCE OF	a-dioversular	
er m	the de the off remove emotio	troi		Conditions, if ony, which gove rise to immediate	(b) aux	1-seas a	Trial sibrillar	in the same
× .	y th y th cren	other		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	JENCE OF	e la ser l'Alex	. 1.
201	ed b	0			(c)	ege viria	2 Tunned The	77
	signi signi hen p	njury,	z	PART 2. OTHER SIGNIFICANT CO	- 1 1	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(6)
ORI			5	digitoxe	7		To the state of th	
DIVISION OF VITAL RECORDS,	n. nos beer permit. ne prior	s ony	CERTIFICATION	190 DATE OF OPERATION	196 SONDMON FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
AL.	40 4 40	mod o	=					S 🗍 NO 🗌
>	HYSICIAN: TI ding physici is certificate buriol-fransi	18 sho		210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH	216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART OR PART 2)
Ö	SICIAN ig phys certifica riol-tro	Hem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ON	HYS din chis chis chis chis chis	à	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OF TOWN	COUNTY STATE
NIS N	G P otter	ked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	CITY ON TOWN	COUNTY STATE
ā	or or se of the	D E		220.1 certify that (I) (this hospital) ottended the deceased from	11-23 197	9 10 /2-2	19_79_, that (1) (we) last
	TEN TOR For u	- 22		saw the deceased olive on abave, (I) (we) (did) (did nat) s		70	death occurred an the date and have	
	A S S P	E	1	22b. SIGNATURE	view the body ofter death.	DEGREE		22c. DATE SIGNED
		If He		& - Praise	MS.	- ATTENDING	MEDICAL STAFF	- 0
	by th ERAL State	<u> </u>		of prairy	1 02 anza	PHYSICIAN 1 22e ADDRESS	DIRECTOR PHYSICIAN	12-2-79
	HOSPITAL bined by th FUNERAL byld be derth th the State	RT 1		E D INAME (TYPE OR PI	(INI)			1 21771
	FO HOSP etoined TO FUNE should be with the	MPORTANT		-PHRAIM	1SARZA	GA HEW W	INDSOR , m	6. 2. 1/6
	5 5 5 3	7	230. B	URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	LOGATION	COUNTY / STATE
	BP			BURIAL	12-5-79	KRIDERS	WESTMINSTER	CARpoll, 747d
	DHMH - 16 50M 1/7	6	24. 60	MERALDIRECTOR 1)-00 O Annord	A 2 0 250. DA	TORE OF WILLIAM GIS PAPELS REGIST	BAR'S SIGNATURE
	(VR A 15 (4))		(robert Just 1	ruela of Mes	Grensler, not		/

